

Quality Time Agreement

Quality time has been set aside for Rec Center members and their children 5 through 11 years of age to have a place and time to play and have fun **together**. Quality Time participants may use the unreserved playing courts (basketball/volleyball and racquetball), the track, the billiards table, and the step and main aerobics areas.

The following equipment and areas are to be reserved for member use only and are strictly **off limits to Quality Time participants**: all fitness equipment including but not limited to the cardiovascular exercise units (bikes, treadmills, ski machines, stair machines, etc.), the weight training equipment including free weights, the climbing wall, and any other area or equipment deemed inappropriate for Quality Time.

Quality Times means the parent spends time participating in an activity with their child(ren). A parent exercising while their child is within sight does not qualify as participating together. We are requiring parents rather than staff to be responsible for the behavior and actions of Quality Time children. By signing this contract, you are agreeing to abide by these rules and all other Recreation Center policies and procedures. Violation of this agreement may result in suspension or termination of the Quality Time privilege.

In consideration of Rockwell Collins allowing me and my family to use these facilities, I hereby forever release Rockwell Collins, its officers, directors, employees, subcontractors, and affiliated companies from all liability for any and all damages and injuries, including death, suffered by myself or my family in connection with said use of these facilities. I understand that participation by myself and my family members is entirely by my own choice and with the understanding of risk or accidental injuries involved in any fitness activity within the Recreation Center. I also assume full financial responsibility for any property damage or personal injury resulting from the actions of myself or my family.

_____	_____
Parent Signature	Print Name

Children:

_____	dob ____/____/____
_____	dob ____/____/____
_____	dob ____/____/____
_____	dob ____/____/____
_____	dob ____/____/____
_____	dob ____/____/____

_____	_____
Date	Staff Witness

Original to member's file, copy to member.